

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID: 11890
Application ID: 09682062
Title of Invention: Collision Avoidance Method for
Home Automation Devices
Using an Ethernet Hub
First Named Inventor: Oscar Mora
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-07-16 
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 38146
Digital Certificate Holder: cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: LWfopb0ki+dt+ozjzEVt3g==
Total Fees Authorized: \$355.0

Payment Category: CC – Credit Card
Credit Card Number: ****9699
Expiration Date: 09142002
Card Holder Name: Antonio Mugica
RAM User ID: EFSPROD
RAM Accounting Date: 2001-07-17
RAM Sequence Number: 314269
RAM Payment Status: RAM success
Postal Code: 33487

TRANSMITTAL FORM

JCG30 U.S. PRO
09/682062
07/16/01



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 38146

Collision Avoidance Method for Home Automation Devices Using an Ethernet Hub

First Named Inventor: Mr. Oscar Mora

SUBMITTED BY

Name: Mr. Jeff Furr Esq.

Electronic Signature Mark: Jeff Furr Date Signed: 20010716

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Attached Files:

bibd-transmittal	Collisonapds.xml
fee-transmittal	Collisonfee.xml
specification	Collisonsp.xml
declaration	Dis1.tif
declaration	Dis2.tif

Dis1.tif

Dis2.tif

Comments:

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor OSCAR MCRA	
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLLISION AVOIDANCE METHOD FOR HOME AUTOMATION DEVICES USING AN ETHERNET HUB

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or patent certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or patent certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES	Certified Copy Attached NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION Utility or Design Patent Application

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Correspondence address

29569

PATENT & TRADEMARK OFFICE

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Address

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information I believe to be true and further that these statements were made with the knowledge that such false statements and made in contemplation of the application of this patent to 35 U.S.C. 113 and that such false statements may void validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned

Given Name
(First and middle (if any))

OSCAR

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

CARACAS

MIRANDA

VE涅ZUELA

VE涅ZUELAN

State

Country

Citizenship

Mailing Address

EL PARAJE, AVE LA MONTANA, RES. ADAN Y EVA #101

Mailing Address

City

State

ZIP

VE涅ZUELA
Country

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned

Given Name
(First and middle (if any))

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:	9699
Expiration Date:	20020914
Authorized Name:	Antonio Mugica
Billing Address:	33487

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	203	\$ 9	0	\$ 0
Independent Claims: 1	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0